METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Rhode Island State Plan for Medical Assistance
(Attachment for Pre-Print: Reasonable Charges)

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

1. Fee structures will be established which are designed to enlist participation of a sufficient number of providers of services in the program so that eligible persons can receive the medical care and services included in the plan at least to the extent these are available to the general population.
2. Participation in the program will be limited to providers of service who accept, as payment in full, the amounts paid in accordance with the fee structure.
3. Payment for physician, dentist and other individual practitioner services may be made up to the reasonable charge under Title XVIII. The upper limits with respect to any item of medical care and services provided under the State Plan shall not exceed the amounts established as the ceilings for the prices of such item pursuant to nationally-imposed economic controls or limitations on the prices of goods and services, including those pursuant to Executive Order 11615 of August 15, 1971, 36 F.R. 15727 or any subsequent issuance.
4. The following is a description of the payment structure by item of service.
   a. Inpatient hospital services: as described in attachment 4.19A.
   b. Outpatient hospital services: as described in 4.19A.
      (1) Payment will be made for rural health clinic services at the reasonable cost rate per visit established by the Medicare carrier.

      Payment for each ambulatory service, other than rural health clinic services, will be made in accordance with the rates or charges established for those services when provided in other settings.
   c. Other laboratory and x-ray services: negotiated fee schedule.
   d. (1) Skilled nursing home services (other than services in an institution for tuberculosis or mental diseases) for individuals 21 years of age and older: as described in 4.19D.

State Rhode Island

OFFICE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Amendment: Reasonable charges: 45 CFR 250.30; SRS Program Regulation 40-4(C-4), November 11, 1971

1. Attached is a description of the policy and the methods to be used in establishing payment rates for each type of care or service listed in section 1905(a) of the Social Security Act that is included in the State's medical assistance program.

2. Payments for care or service are not in excess of the upper limits described in 45 CFR 250.30 (b).

3. The State agency will take whatever measures are necessary to assure appropriate audit of records wherever reimbursement is based on costs of providing care or service, or fee plus costs of materials.

4. The State agency has access to data identifying the maximum charges allowed; such data will be made available to the Secretary of Health, Education, and Welfare upon request.

5. Fee structures will be established which are designed to enlist participation of a sufficient number of providers of services in the program so that eligible persons can receive the medical care and services included in the plan at least to the extent these are available to the general population.

6. Participation in the program will be limited to providers of service who accept, as payment in full, the amounts paid in accordance with the fee structure.

[X] No supplementation exists with respect to payment for care furnished in skilled nursing homes

[ ] Supplementation is made with respect to payment for care furnished in skilled nursing homes. The state agency's payments for such service furnished under the plan are less than the reasonable cost permitted under 45 CFR 250.30. The Secretary of Health, Education, and Welfare has been advised thereof, and on _____ he was furnished with a plan for phasing out this supplementation by _____.

7. Any increase in a payment strucutre that applies to individual practitioner services will be documented in accordance with the requirement of 45 CFR 250.30 (a) (7).

St R.I. Tr. 1/15/73 Amend. 12/6/74 Effective 12/31/73

items on the basis of the current prevailing rate at which the item is generally available to the general public in the State of Rhode Island.

(4) Eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select: cost of lenses as listed in the Crown Optical, MacLeod Optical, Target Optical or Optech Optical Co. price lists plus allowance for frames based on negotiated fee schedule.

j. Services for individuals age 65 or older in institutions for mental diseases:

(1) Inpatient hospital services: as described in attachment 4.19A.

(2) Skilled nursing and intermediate care facility services: as described in attachment 4.19D.

k. ICF/ICF-MR services: as described in attachment 4.19D.

l. Inpatient psychiatric services for individuals under 22: as described in attachment 4.19A.

m. Nurse midwife services: according to negotiated fee schedule.

n. Hospice Services: The fee schedule is in accordance with established Medicare rates.

o. Other medical care and any other type of remedial care recognized under State law, limited to:

(1) Ambulance services: on the basis of negotiated fee schedule.

(2) Skilled Nursing Facility services for individuals under age 21: as described in attachment 4.19D.

p. Home and community-based services: negotiated fee schedules with the exception of the provision of Minor Modifications to the Home, Minor Assistive Devices and Devices to Adapt the Home Environment. Payments are made for these services on the basis of the current prevailing rate at which the item is generally available to the general public in the State of Rhode Island.

q. Rehabilitative services: on the basis of negotiated fee schedule.

r. Case Management services: on the basis of negotiated fee schedule.

STATE OF RHODE ISLAND

s. Federally Qualified Health Centers

The core and ambulatory services provided in a Federally Qualified Health Center are reimbursed at 100 percent of reasonable cost as defined by the Medicare cost reimbursement principles as set forth in 42 CFR Part 413.

t. Certified Pediatric Nurse Practitioners and Certified Family Nurse Practitioners: according to negotiated fee schedule.

u. Homemaker Services: standard fee per hour of service.

v. Personal Care Services: standard fee per hour of service.

w. Adult Day Care: standard fee per hour of service.

x. Personal Emergency Response System: according to negotiated fee schedule.

RHODE ISLAND

OBSTETRICAL AND PEDIATRIC SERVICES

The Rhode Island Medical Assistance Program includes a section 1903 (m) Contract and five Managed Care Plans participating in the Rite Care Section 1115 Demonstration Project. Obstetrics and Pediatrics are an integral part of these contracts with in excess of 70% of the Medical Assistance eligibles enrolled. Provider participation rates include those providers receiving payment on a fee for service basis and those providers providing services through one of the above contracts.

OBSTETRICAL STANDARDS

The Rhode Island Medical Assistance Program has 271 obstetrician-gynecologists and family practitioners providing services to Medical Assistance recipients out of a state wide total of 285 engaged in private practice for a participation rate of 95%.

PEDIATRIC STANDARDS

The Rhode Island Medical Assistance has 713 primary care physicians (pediatricians, family practitioners, and general practitioners) providing services to Medical Assistance recipients out of a state wide total of 831 actually engaged in private practice for a participation rate of 85.6%.

(2) Early, periodic screening, diagnosis and treatment of individuals under 21 years of age: on the basis of negotiated fee schedule.

(3) Family planning services, drugs and supplies for individuals of child-bearing age when such services are under the supervision of a physician, as determined according to the elements inherent in the family planning service or the drugs and contraceptive devices necessary. On the basis of negotiated physician fee schedule and the pharmacy fee schedule.

e. Physicians' services: on the basis of negotiated fee schedule.

f. Medical care of any other type of remedial care recognized under State law furnished by licensed practitioners within the scope of their practice as defined by law limited to:

(1) Podiatry services on the basis of a negotiated fee schedule.

(2) Optometry services on the basis of a negotiated fee schedule.

g. Home Health services: on the basis of a fixed fee schedule.

h. Dental services on the basis of a negotiated fee schedule.

i. Prescribed drugs, dentures and prosthetic devices: and eyeglasses prescribed by a physician skilled in diseases of the eye or by the optometrist, whichever the individual may select.

(1) The cost of drugs as determined by the drug product allowance established by the HCFA Upper Payment Limits plus a reasonable professional Dispensing Fee; the drug product allowance established by the State Upper Payment Limits plus a reasonable Dispensing Fee; the estimated acquisition cost for all other drugs plus a reasonable Dispensing Fee; or the usual and customary charge to the general public, whichever is lower. In those instances in which the drug product allowance is less than the established HCFA Upper Payment Limits and for those drug products which the State agency has established the Upper Payment Limits the drug allowance repreents the lowest cost at which the product is generally available at a local level to the community pharmacies.

A professional Dispensing Fee of $3.40 per presciption for medication dispensed to recipients residing at home will be allowed for legend prescription drugs in addition to the allowable cost of the drug.

A professional Dispensing Fee of $2.85 per prescription for medication dispensed to recipients residing in licensed Skilled Nursing and Intermediate Care Facilities will be allowed for legend prescription drugs in addition to the allowable cost of the drug.

Reimbursement for over-the-counter items is based upon the lowest of the drug product allowance plus the professional Dispensing Fee, the allowable cost of the drug plus a 50% mark-up or the usual and customary charge to the general public, but not less a $1.50 minimum charge per prescription.

(2) Dentures: on the basis of a negotiated fee schedule.

(3) Surgical and prosthetic devices: all payments are made for covered

RHODE I.. ND TITLE XIX
OBSTETRIC AND PEDIATRIC REPORT FOR CALANDER YEAR 1995
3/29/96

DEFICIT

Attachment 4.1

Procedure Code	Type of Service	Provider Specialty		Max Allowed Amount	# of Units	Amount Paid	Average Paid
59000	S	16	Obstetrics/Gynecology	$42.00	$79.00	$3,318.00	$42.00
59000	S	78	Multidisciplinary Organization	$42.00	$2.00	$84.00	$42.00
59000 Total				$84.00	$81.00	$3,402.00	$84.00
59012	S	16	Obstetrics/Gynecology	$42.00	$1.00	$42.00	$42.00
59012 Total				$42.00	$1.00	$42.00	$42.00
59015	S	16	Obstetrics/Gynecology	$42.00	$1.00	$42.00	$42.00
59015 Total				$42.00	$1.00	$42.00	$42.00
59020	S	16	Obstetrics/Gynecology	$42.00	$1.00	$31.55	$31.55
59020 Total				$42.00	$1.00	$31.55	$31.55
59025	S	16	Obstetrics/Gynecology	$26.01	$1,669.00	$35,902.89	$21.51
59025	S	78	Multidisciplinary Organization	$26.01	$7.00	$104.04	$14.86
59025 Total				$26.01	$1,676.00	$36,006.93	$36.37
59120	S	16	Obstetrics/Gynecology	$339.94	$7.00	$2,095.73	$299.39
59120 Total				$339.94	$7.00	$2,095.73	$299.39
59121	S	16	Obstetrics/Gynecology	$277.40	$3.00	$599.96	$199.99
59121 Total				$277.40	$3.00	$599.96	$199.99
59136	S	16	Obstetrics/Gynecology	$337.46	$1.00	$339.32	$339.32
59136 Total				$337.46	$1.00	$339.32	$339.32
59150	S	16	Obstetrics/Gynecology	$246.03	$7.00	$1,729.42	$247.06
59150 Total				$246.03	$7.00	$1,729.42	$247.06
59151	S	16	Obstetrics/Gynecology	$344.40	$4.00	$1,377.60	$344.40
59151 Total				$344.40	$4.00	$1,377.60	$344.40

Approved JUN 04 1996 Effective 4/1/96

Rhode Island Medicaid Management Information System
Obstetric and Pediatric Report for Calendar Year 1996
Period of 1/1/96 - 12/31/96

Specialty	Total in Community	Participating in Medical Assistance	Percentage
Obstetrics/GYN	285	271	95%
Pediatrics	396	341	86.11%
Family/General Practice	435	372	85.51%

Rhode Island Medicaid Management Information System
Obstetric and Pediatric Report for Calendar Year 1996
Period of 1/1/96 - 12/31/96

County	OBGYN	Pediatrics	General & Family	Total
Providence	851,464.71	557,231.73	47,9436.88	1,888,133.32
Kent	49,083.19	471,42.17	150,534.43	246,759.79
Bristol	5,297.69	8,226.74	21,157.58	34,682.01
Newport	25,294.68	7,570.91	20,512.49	53,378.08
Washington	14,166.25	42,957.23	42,908.33	100,031.81
TOTAL	945,306.52	663,128.78	714,549.71	2,322,985.01
Plus total paid to Community Health Centers				N/A
Plus total paid to other multiple-service providers				385,674.30
GRAND TOTAL				2,708,659.31

RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM
OBSTETRIC AND PEDIATRIC REPORT FOR CALENDAR YEAR 1996
PERIOD OF 01/01/1996 - 12/31/1996

OPERATIONAL

PROCEDURE	TYPE SVC	PROVIDER SPECIALITY		MAX ALLOWED AMT	PAID AMT	UNITS	AVERAGE PAID
59000	S	001	General Practice	42.00	168.00	4	42.00
59000	S	008	Family Practice	42.00	84.00	2	42.00
59000	S	016	Obstetrics/Gynecology	42.00	3654.00	87	42.00
59000	S	037	Pediatric Medicine	42.00	294.00	7	42.00
59000	S	078	Multidisciplinary Organization	42.00	336.00	8	42.00
			PROCEDURE 59000 SUBTOTAL:		4536.00	108	
59015	S	001	General Practice	42.00	42.00	1	42.00
59015	S	016	Obstetrics/Gynecology	42.00	42.00	1	42.00
			PROCEDURE 59015 SUBTOTAL:		84.00	2	
59025	S	001	General Practice	26.01	2413.02	114	21.17
59025	S	008	Family Practice	"	948.57	45	21.08
59025	S	016	Obstetrics/Gynecology	"	49100.82	2326	21.11
59025	S	024	Plastic/Reconstructive Surgery	"	41.70	2	20.85
59025	S	037	Pediatric Medicine	"	2616.57	125	20.93
59025	S	078	Multidisciplinary Organization	"	3518.07	167	21.07
			PROCEDURE 59025 SUBTOTAL:		58638.75	2779	
59120	S	016	Obstetrics/Gynecology	340.77	1363.08	4	340.77
59120	S	037	Pediatric Medicine	"	340.77	1	340.77
59120	S	078	Multidisciplinary Organization	"	340.77	1	340.77
			PROCEDURE 59120 SUBTOTAL:		2044.62	6	
59121	S	016	Obstetrics/Gynecology	279.05	279.05	1	279.05
			PROCEDURE 59121 SUBTOTAL:		279.05	1	
59150	S	001	General Practice	247.06	36.90	1	36.90
59150	S	016	Obstetrics/Gynecology	"	1272.20	6	212.03
59150	S	078	Multidisciplinary Organization	"	247.06	1	247.06
			PROCEDURE 59150 SUBTOTAL:		1556.16	8	
59151	S	001	General Practice	344.40	344.40	1	344.40
59151	S	016	Obstetrics/Gynecology	344.40	1377.60	4	344.40
59151	S	037	Pediatric Medicine	344.40	51.66	1	51.66
59151	S	078	Multidisciplinary Organization	344.40	51.66	1	51.66
			PROCEDURE 59151 SUBTOTAL:		1825.32	7	
59160	S	016	Obstetrics/Gynecology	100.80	403.20	4	100.80
59160	S	078	Multidisciplinary Organization	100.80	403.20	4	100.80
			PROCEDURE 59160 SUBTOTAL:		806.40	8	
59320	S	001	General Practice	67.20	201.60	3	67.20
59320	S	016	Obstetrics/Gynecology	67.20	336.00	5	67.20
			PROCEDURE 59320 SUBTOTAL:		537.60	8	
59400	S	001	General Practice	815.00	29340.00	36	815.00
59400	S	008	Family Practice	815.00	7335.00	9	815.00
59400	S	016	Obstetrics/Gynecology	815.00	133660.00	164	815.00
59400	S	037	Pediatric Medicine	815.00	30155.00	37	815.00